10/	1	<u>630</u>	375
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	4 8 08	FROM: C. Cha	(print name)
	218 70 105	C. See Abstract D. See Claim(s)	(check box) (check box) (check box) (check box) (check box) (check box)
DATE:		FROM:	(print name)
FORWARD TO A. Art Unit: B. Class: C Subclass:):	REASON(S): A. You had Parent B. See Title; C. See Abstract D. See Claim(s):	(check box) (check box)
FURTHER EXP	CANATION	FROM:	(orint name)
FORWARD TO		REASON(S): A. You had Parent	(print name)
		B. See Title C. See Abstract D. See Claim(s)	(check box)
		C. See Abstract D. See Claim(s):	
FURTHER EXPL	-ANATION IF	C. See Abstract D. See Claim(s): NEEDED:	
FURTHER EXPL	-ANATION IF	C. See Abstract D. See Claim(s):	

FURTHER EXPLANATION IF NEEDED: